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Bib Data Sheet

CONFIRMATION NO.

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/898,772 | FILING DATE 07/02/2001 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 01-481-D |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Philip Needleman, Creve Coeur, MO;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/402,076 01/13/2000 ABN
WHICH IS A 371 OF PCT/US98/06143 03/30/1998
WHICH CLAIMS BENEFIT OF 60/043,916 04/03/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/06/2001

| | | | | |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 0 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>S. J. Sarussi</u> Examiner's Signature Initials | | | | |

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TITLE

Method of using cyclooxygenase-2 inhibitors in the treatment and prevention of dementia

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|---------------------------------------|---|--|
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Pr time) <input type="checkbox"/> 1.18 Fees (Iss ued) <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Credit _____ |
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